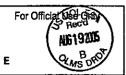
U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E QUES ORDE				
1 File Number U 9935	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name William Buccellato	Name Teamsters AFL-CIO Local Union 315			
	Labor Organization File Number 009-807			
PO Box Bldg Room No If any	PO Box Building and Room Number if any PO Box 3010			
Street 1516 Mellissa Circle	Street 2727 Alhambra Avenue			
City Antioch	City Martinez			
State California ZIP Code + 4 94509	State California ZIP Code + 4 94553			
5 Position in labor organization Business Representative				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)				
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any) 7 a Nature of Interest Transaction or Income				
Name				
Trade Name if any				
P O Box Bldg Room No If any	7 b Amount			
Street				
City	\$0			
State ZIP Code + 4				
Signature				
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)				
Signed William Buscellate	On 8/8/2005 (925)228 2246			
	Date Telephone Number			

Name of Person Filing William Duccellato		File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Zenith Administrators Trade Name if any PO Box Bidg Room No if any Floor 2 Street 221 Main Street City San Francisco State California ZIP Code + 4 94105-1909	9 Business deals with a Labor Organizat The brust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deali			
Name North Coast Trust Fund Trade Name if any PO Box Bldg Room No if any Floor 2	Multi-employer wel	fare trust fund		
Street 221 Main Street				
	11 b Approximate dollar valu			
City San Francisco State California ZIP Code + 4 94105-1909	12 a Nature of interest held See continuation p			
	12 b Amount		\$251	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 13 a Name and address of Employer or Labor Relations Consultant 14 a Nature of payment				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	The manage of payment			
Name			Account	
Trade Name if any				
PO Box Bldg Room No If any			and an annual section of the section	
Street			Transcription of the Control of the	
City				
State ZIP Code + 4		· ·		
13 b Is the Business an Employer or Consultant?	14 b Amount of payment		\$0	

12 a Nature of interest held or income received

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 10, which is a jointly administered pension trust fund under the Labor-Management Relations Act of 1947, ad amended (the "Trust Fund") In performance of his duties as a trustee on the Trust Fund he has met with representative(s) of the entity identified in item 8 for the purpose of discussing trust fund-related matters. During the course of such meeting(s) said representative(s) paid for food and beverages and incidental expenses. The amount entered in item 12 b is the estimated value of such food and beverage and related expenditures on or about March 25. June 24. August 31, September 24 and December 2. 2004. This estimate is based on a review of a business calendar for appointments and meetings in 2004.